Washington State 2005 Health Professional Scholarship Program

310 Israel Road SW ◆ PO Box 47834 ◆ Olympia, Washington 98504-7834

Dear Health Professional Student:

Thank you for your interest in the Washington State Health Professional Scholarship Program. An application packet is enclosed for your use. Initial scholarship awards will be made on a competitive basis, limited to the availability of funds.

Applications must include the required attachments**. Incomplete applications will not be processed**. Completed applications must be postmarked no later than **April 29, 2005**.

First priority for the 2005-2006 academic year program funds will be given to those applicants enrolled in **undergraduate nursing, nursing faculty, dental, dental hygienist, and pharmacist programs** who demonstrate a commitment to rural communities and underserved populations. Applicants from remaining eligible health professions will be considered based on available funds, applicant pool, and number of providers currently being funded by the program. Award decisions are expected in June. **All applicants will be notified by mail whether or not they have been awarded a scholarship.**

If you have questions regarding the application process, feel free to contact me at (360) 236-2816 or email to Kathy.McVay@doh.wa.gov or contact Chris Wilkins at (360) 236-2817 or by email Chris.Wilkins@ doh.wa.gov.

Sincerely,

Kathy L. McVay
Program Administrator

Enclosure

Commonly Asked Questions About the Health Professional Scholarship Program

Before completing the application, carefully read the following information and retain for future reference.

? HOW DOES THE SCHOLARSHIP PROGRAM WORK?

The program was created to encourage qualified individuals to serve as primary care health care providers in shortage areas in the state of Washington. Recipients sign a promissory note agreeing to serve in a Washington State shortage area or repay the scholarship with a double penalty, plus interest. **The Scholarship Program can require the recipient to fulfill their service obligation in approved positions in state-designated shortage areas with the greatest need at the time of program completion.** Shortage area designations are determined by the Department of Health. A sample list of the designated shortage areas is included in this application packet.

? WHO IS ELIGIBLE TO APPLY FOR THIS SCHOLARSHIP?

To be eligible to apply for this scholarship, an individual must:

1. Be accepted into or currently enrolled in an accredited program leading to eligibility for credentialing in Washington State as a physician, osteopathic physician and surgeon, pharmacist, licensed midwife or certified nurse-midwife, physician assistant, nurse practitioner, nurse faculty, dentist, dental hygienist, registered nurse, or practical nurse;

2. Continue to make satisfactory progress within their academic program; and

3. Agree to provide primary care health care services for a minimum of three years, but equal to the number of years of scholarship if more than three years.

4. Be a United States citizen.

? HOW DO I APPLY FOR THIS SCHOLARSHIP?

1. Type or write legibly when completing the application form. Limit your responses to the space provided.

2. Provide **three** letters of recommendation.

3. Furnish academic transcripts.

4. Submit all application materials to the Health Professional Scholarship Program postmarked no later than **April 29, 2005**.

? HOW IS A RECIPIENT SELECTED?

Applicants will be selected for participation in the program based upon, but not limited to, prior experience in a rural or shortage area, academic/humanitarian achievements, letters of recommendation, and academic standing.

? HOW MUCH IS THE SCHOLARSHIP AWARD?

Although scholarship awards are intended to meet the tuition expenses of participants, they are based on availability of state-supported program funds that may not accommodate 100 percent of those expenses. The Scholarship Program reviews educational expenses annually to determine the amount of the scholarship. The award amount shall not exceed the actual cost of education for the particular program.

? HOW DO I QUALIFY FOR SERVICE PAYBACK?

By serving in a rural or underserved area for a minimum of three years, the entire principal and interest of each payment shall be forgiven (canceled) for each payment period (quarter) in which the recipient serves until the entire repayment obligation is satisfied**. The Scholarship Program can require the recipients to fulfill their service obligation in approved positions in state-designated shortage areas with the greatest need at the time of program completion.**

? WHAT IF I DO NOT SERVE IN A SHORTAGE AREA?

A scholarship recipient, who decides not to continue a course of study leading to credentialing as a primary care health care provider or elects not to fulfill the service obligation, is required to **repay twice the total amount of the scholarship, plus interest**. The length of repayment is determined by the number of years the scholarship is received.

? HOW WILL I BE NOTIFIED IF I AM SELECTED TO RECEIVE A SCHOLARSHIP?

All applicants will be notified **by mail** whether or not they have been awarded a scholarship from this program.

? IS THIS SCHOLARSHIP RENEWABLE?

Recipients may renew the scholarship for a period of five years, if they are continually enrolled in an eligible program. **Undergraduate nursing recipients must complete a competitive application at each program level (i.e., LPN, RN, BSN).** Scholarship renewal is contingent upon availability of funds for that program year. (The renewal amount may or may not be the same as the initial scholarship amount or the previous year's renewal.)

Application Instructions

(Limit responses to space provided)

TYPE OR LEGIBLY WRITE RESPONSES ON APPLICATION.

PERSONAL

Applicants should provide all pertinent information requested. Social Security and Driver's License numbers will be used for program identifiers and tracking purposes only.

EDUCATION - Self-explanatory.

PROGRAM INFORMATION

Applicants must complete this section and obtain certification and signature of Dean/Director of Program. In the event the applicant has not yet enrolled or received notice of acceptance, the application may be submitted without this section; however, verification of acceptance must be provided by June 30, 2005.

COMMUNITY SPONSOR/SUPPORT

A community sponsor may be a rural hospital, a rural health care facility, a community clinic, or a local health care provider that can provide training or employment opportunities, and post-graduation employment. Support should be a financial commitment that may include education/living stipends, matching funds, or employment or training opportunities. If you already have a commitment to a particular Washington community, please describe the support that the community is providing to you. Leave blank if you are not sponsored or expected by a particular community. If there is an individual who expects you to join his or her practice, please provide a name and contact number.

LETTERS OF RECOMMENDATION

The three letters of recommendation will be used in the review and selection process and **must accompany** the completed application submitted to the Health Professional Scholarship Program. Letters should be from community leaders, faculty, training supervisors, and/or professional colleagues who can attest to your knowledge, commitment, and ability to fulfill the scholarship obligation.

ACADEMIC TRANSCRIPTS

Applicants must provide academic transcripts. These need not be "official' but should accompany the application to the Health Professional Scholarship Program. Applicants who have completed a year or more of health professional education/training should submit transcripts only for those years. Applicants entering the first year of health professional education/training should submit undergraduate or prior college-level transcripts.

AGREEMENT

Be sure you comply and certify all the conditions of the scholarship by signing the agreement.

DUE DATE

Completed applications must be received by the Health Professional Scholarship Program (PO Box 47834, Olympia, WA 98504-7834) or postmarked no later than **April 29, 2005.**

Washington State
2005 Health Professional Scholarship Program

Scholarship Application

"Benefit from being needed"

Instructions: *The application must be completed, printed in ink or typed, and submitted to the Health Professional Scholarship Program by* ***April 29, 2005.*** *Applicants* ***must*** *complete all sections and obtain all applicable certifications. To be considered complete, all applications* ***must be*** *accompanied by academic transcripts and three letters of recommendation from community leaders, faculty, training supervisors, and/or professional colleagues.*

Personal

Name: _____ / _____ / _____ SS #: _____ / _____ / _____
Last Name *First Name* *Middle Initial*

Date of Birth: _____ / _____ / _____ Driver's Lic. #: _____ State:_____

Current Address: _____ City: _____State:____ Zip: _____

Permanent Address: _____City: _____ State:____ Zip:_____
(if different from current address)

Telephone (day): (____) _____ Telephone (eve): (____) _____ E-Mail: _____

Career needs of spouse (if applicable): _____

Your Hometown: _____ Spouse's Hometown: _____

Your Ethnic Origin (optional): _____ Male: _____ Female: _____

Upon completion of training, do you have another service obligation? **Please note, program recipients cannot commit simultaneously to two service obligations.** ○ No ○ Yes If yes, provide details below.

○ NHSC ○ IHS ○Military ○ Other (specify): _____ Date of completion: _____

List three adults, including at least one relative, who are not students, who are living at different addresses, and who will know your address in the future. This information will be used in tracking recipients during the service repayment period.

Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Relationship (____) Phone #	Relationship (____) Phone #	Relationship (____) Phone #

Education

Undergraduate School: _____ GPA: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Graduate/Professional School: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Program Information

School you will be attending: _____ Program enrolled in: _____

School address: _____ City _____ State _____ Zip _____

Program start date: _____ Class level in school (2005-2006): _____

Are you applying for this scholarship to become nursing faculty? ○Yes: ○No: **If yes, you must complete Question #6 in the Personal/Professional Experience section of this application.**

Expected date of graduation/program completion: _____

Degree/certification expected: _____

Indicate the terms ***and*** number of credits for which you plan to enroll during the scholarship year:
Fall 05/06 _____ (credits) Winter 05/06 _____ (credits)
Spring 05/06 _____ (credits) Summer 05/06 _____ (credits)

I hereby certify that the applicant has applied to or is officially accepted into the _____ *program at this school and, if a continuing student, is academically in good standing.* ***(If not currently accepted, please submit official acceptance upon receipt. Verification of acceptance must be provided before award is granted.)***

_____ _____ _____
Signature of Dean/Director of Program *School* *Date*

_____ _____
Contact Name (Please print) *Correspondence Address* *City* *State* *Zip*

_____ _____ _____
(Area Code) Phone Number *Fax Number* *Email Address*

Community Sponsor/Support

(Optional - Preference will be given to applicants who obtain community sponsor/support)

This section is intended to show a commitment to a community with a shortage of primary care health care providers. If this section is completed, the review will assume the service obligation will be completed in this community.

Location: _____ County: _____

Sponsor *(Clinic, hospital, organization, physician, etc.):* _____

Name of key contact: _____ Telephone: (____) _____ FAX: (____) _____

Address: _____

Describe the type of support you are receiving from this sponsor:

Sponsor Certification: I hereby certify the above information is correct and the applicant is receiving the support described.

_____
Signature of Sponsor/Representative *Title* *Date*

Personal/Professional Experience

(Make brief, concise statements)

1. Summarize your work/training/practice experience. Comment specifically on your experiences in rural/urban underserved areas.

2. Describe your long-range personal and professional goals.

3. Discuss your volunteer/professional community service and how it relates to your commitment to serve in a designated rural area/underserved population upon completion of your program.

4. Describe any life experiences you feel make you a good candidate for this scholarship. Include such things as multicultural experiences, languages in which you are fluent, hobbies, interests, etc.

(Continued on next page)

5. Describe your academic/professional achievements that are of particular relevance to this program.

6. NURSING FACULTY: Describe your plans to teach nursing in a Washington State undergraduate nursing program.

Institution: _____ Address: _____

Name of contact: _____ Telephone: (____) _____

Agreement

I certify that the statements made herein are correct to the best of my knowledge. I authorize the Health Professional Scholarship Program to maintain a record of this information.

I agree to comply with all conditions of the scholarship and understand that I incur an obligation to repay the conditional scholarship with penalty and interest, unless I serve for a minimum of three years as a primary health care provider in a designated rural, urban underserved, or other health professional shortage area in the state of Washington. **I understand that, at the time of program completion, I can be required to complete my service obligation in the shortage area with the greatest need at that time.** I agree to accept Medicare assignments and Medicaid patients.

Signature of Applicant: _____ Date: _____

Attachment Checklist

_____ Signature of Dean/Director/letter of acceptance. ***(Required)***
_____ Three recommendation letters from training supervisors/professional colleagues. ***(Required)***
_____ Academic transcript(s) May be unofficial. ***(Required)***
_____ Signature of sponsor. ***(If applicable)***

Mail Completed Application to:

Health Professional Scholarship Program
Office of Community and Rural Health
310 Israel Road SW
PO Box 47834
Olympia, WA 98504-7834

Telephone: 360-236-2816 or 360-236-2817
E-Mail: Kathy.McVay@doh.wa.gov
Chris.Wilkins@doh.wa.gov
Fax: 360-664-9273

Website address: www.hecb.wa.gov/paying/waaidprgm/health.asp

State of Washington

Health Professional Scholarship Shortage Areas

January 2005

Institutions

Health Professional Scholarship recipients may locate at any Washington institution or facility on the eligible institution list below regardless of profession. There are no geographic restrictions.

- State Correctional Facilities
- State Mental Health Hospitals
- Community and Migrant Health Centers (Federally-Qualified Health Centers)
- Any other facility (public, non-profit, or private) with more than 40 percent of its caseload consisting of Medicaid and sliding-fee discount schedule patients.

Shortage Areas by Profession

There are no geographic restrictions for practical or registered nurses at this time.

Nursing faculty must work a full-time equivalent in a combined faculty/clinical position in Washington State. Faculty positions must be in a Washington State undergraduate nursing program that is experiencing a critical shortage of qualified faculty.

Scholarship recipients must be employed in direct primary care and not in a specialty clinic. Shortage areas for the other professions are listed in the table below. *(The University of Washington WWAMI Rural Health Research Center developed Health Service Area [HSA] boundaries. HSAs are collections of zip codes surrounding a core health facility such as a hospital or local public health department.)*

Health Service Area (HSA)	MD/DO	Dentist	Registered Dental Hygienist	Pharmacist	Physician Assistant Nurse Practitioner Midwife	Licensed Practical, Registered Nurse, & Nurse Faculty	Nursing Faculty
Arlington					X	**No geographical restrictions. Can practice statewide in primary care. *Exception: private physician office in an urban area.***	**Faculty positions must be in a Washington State under-graduate nursing program that is experiencing a critical shortage of qualified faculty.**
Brewster		X	X				
Centralia		X		X	X		
Chelan		X	X				
Chewelah	X	X	X	X			
Clarkston	X	X	X		X		
Colfax					X		
Colville				X			
Concrete	X		X	X	X		
Coupeville		X	X	X	X		
Darrington		X					
Davenport		X					
Dayton	X	X		X	X		
Deer Park	X	X	X	X	X		
Eatonville	X	X	X	X	X		
Ellensburg				X			
Enumclaw			X	X	X		

Health Service Area (HSA)	MD/DO	Dentist	Registered Dental Hygienist	Pharmacist	Physician Assistant Nurse Practitioner Midwife	Licensed Practical, Registered Nurse, & Nurse Faculty	Nursing Faculty
Ephrata	X	X	X		X	**No geographical restrictions. Can practice statewide in primary care.** ***Exception: private physician office in an urban area.***	**Faculty positions must be in a Washington State under-graduate nursing program that is experiencing a critical shortage of qualified faculty.**
Forks		X	X	X	X		
Gold Bar	X	X		X			
Goldendale		X	X	X	X		
Grand Coulee			X	X	X		
Ilwaco	X	X	X	X			
Ione/Metaline Falls	X	X	X	X	X		
Key Peninsula					X		
Leavenworth		X		X	X		
Longview				X	X		
McCleary	X	X	X	X			
Monroe					X		
Morton		X	X	X	X		
Moses Lake				X			
Mount Vernon				X	X		
Newport	X	X	X	X	X		
North Bend	X	X		X	X		
Odessa		X	X		X		
Olympic Peninsula			X		X		
Omak				X			
Orting	X	X	X	X			
Othello	X	X	X	X	X		
Pomeroy	X						
Port Angeles					X		
Port Townsend				X	X		
Prosser	X	X	X	X	X		
Pullman		X					
Quincy	X	X		X	X		
Republic	X		X	X	X		
Ritzville	X		X	X	X		
San Juan Islands				X	X		
Shelton	X	X	X	X	X		
South Bend	X	X	X	X	X		
Sumas/Mt. Baker	X	X	X	X	X		
Sunnyside			X	X	X		
Tonasket		X	X	X			
Toppenish		X	X	X	X		
Wenatchee					X		
White Salmon	X	X	X	X	X		
Yelm	X			X	X		